



Complete Summary

TITLE

Pediatric acute gastroenteritis: percentage of patients aged 1 month to 5 years of age with a diagnosis of acute gastroenteritis for whom an appropriate oral rehydration solution was recommended.

SOURCE(S)

American Academy of Pediatrics, American Academy of Family Physicians, Physician Consortium for Performance Improvement®. Pediatric acute gastroenteritis physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2005 May. 7 p. [1 reference]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of pediatric acute gastroenteritis patients for whom an appropriate oral rehydration solution was recommended.

RATIONALE

According to the American Academy of Pediatrics (AAP) and the U.S. Centers for Disease Control and Prevention (CDC), oral rehydration therapy (ORT) is the preferred treatment of fluid and electrolyte losses caused by diarrhea in children with mild to moderate dehydration.

A variety of oral hydration solutions (ORS) are available in the United States. Those most readily available commercially and used most commonly have sodium concentrations ranging from 45 to 50 mmol/L.

Oral rehydration solutions should be used for rehydration. Oral rehydration therapy should be performed rapidly (within 3-4 hours) for rehydration in patients with mild to moderate dehydration. Patients should receive 50-100 ml of oral rehydration solution (ORS)/kg of body weight during 2-4 hours to replace the estimated fluid deficit, with additional ORS administered to replace ongoing losses.

ORS are the preferred solution for ORT. Other fluids, such as fruit juices, do not contain the necessary electrolytes that need to be replaced when a child is dehydrated due to vomiting and/or diarrhea. Additionally, due to the high sugar content and low sodium content of fruit juice, the administration of fruit juice to children who are diagnosed with acute gastroenteritis can make diarrhea worse and result in hyponatremia, resulting in a higher level of dehydration and severity of condition due to fluid loss and electrolyte imbalance.

PRIMARY CLINICAL COMPONENT

Pediatric acute gastroenteritis; oral rehydration therapy; oral rehydration solution (Pedialyte®, Enfalyte®, Rehydralyte®, CeraLyte®, or WHO Solution)

DENOMINATOR DESCRIPTION

All patients aged 1 month to 5 years of age with the diagnosis of acute gastroenteritis (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom appropriate oral rehydration* solution was recommended

*Appropriate oral rehydration solution includes, Pedialyte®, Enfalyte®, Rehydralyte®, CeraLyte®, or WHO Solution.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Managing acute gastroenteritis among children: oral rehydration, maintenance, and nutritional therapy.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Practice parameter: the management of acute gastroenteritis in young children. American Academy of Pediatrics, Provisional Committee on Quality Improvement, Subcommittee on Acute Gastroenteritis. Pediatrics 1996 Mar;97(3):424-35.

[PubMed](#)

Snyder JD. Use and misuse of oral therapy for diarrhea: comparison of US practices with American Academy of Pediatrics recommendations. Pediatrics 1991 Jan;87(1):28-33. [PubMed](#)

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Emergency Medical Services
Hospitals
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age 1 month to 5 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 1 month to 5 years of age with the diagnosis of acute gastroenteritis

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 1 month to 5 years of age with the diagnosis of acute gastroenteritis

Exclusions

Documentation of medical reason(s) for not recommending appropriate oral rehydration solution (patient was not dehydrated; patient was admitted to the hospital)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients for whom appropriate oral rehydration* solution was recommended

*Appropriate oral rehydration solution includes, Pedialyte®, Enfalyte®, Rehydralyte®, CeraLyte®, or WHO Solution.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Acute gastroenteritis: recommendation of appropriate oral rehydration solution.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

SUBMITTER

American Medical Association on behalf of the American Academy of Pediatrics, the American Academy of Family Physicians, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Academy of Family Physicians
American Academy of Pediatrics
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

James Berman, MD, FAAP (*Co-Chair*); Michael Goldberg, MD (*Co-Chair*); Bruce Bagley, MD; David Classen, MD; Todd Davis, MD, FAAP; Debra Esser, MD; David G. Jaimovich, MD; Eric Handler, MD, MPH; Mark Hostetler, MD, MPH; Lowell Keppel, MD, CPE, FACPE, FAAFP; Samuel Kocoshis, MD; Marlene Miller, MD, MSc, FAAP; Heather Palmer, MD, BCh, SM, FAAP; Sam J.W. Romeo, MD, MBA; Cheri Throop; Robert Walker, MD, FAAP; Josie Williams, MD, MMM

Raquel Gabriel-Bennewitz (JCAHO), Liaison; Phill Renner (NCQA), Liaison

Junelle Speller, MPH, American Academy of Pediatrics

Janet Leiker, American Academy of Family Physicians

Erin O. Kaleba, MPH, American Medical Association; Karen Kmetik, PhD, American Medical Association

Rebecca Kresowik, Consultant; Timothy Kresowik, MD, Consultant

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 May

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Pediatrics, American Academy of Family Physicians, Physician Consortium for Performance Improvement®. Pediatric acute gastroenteritis physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2005 May. 7 p. [1 reference]

MEASURE AVAILABILITY

The individual measure, "Acute Gastroenteritis: Recommendation of Appropriate Oral Rehydration Solution," is published in the "Clinical Performance Measures: Pediatric Acute Gastroenteritis." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on December 6, 2006. The information was verified by the measure developer on October 23, 2006.

COPYRIGHT STATEMENT

Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

Measures are subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American

Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2005 American Medical Association. All Rights Reserved.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

© 2008 National Quality Measures Clearinghouse

Date Modified: 11/3/2008

